

City of Center Line

7070 E. Ten Mile RoadCenter Line, MI 48015

Phone: (586) 757-6800

APPLICATION FOR BUSINESS LICENSE/REGISTRATION

Applicant's Name: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ Home Phone: _____

Applicant's Home Address: _____

Assumed or Firm Names: _____

Applicant's Business Address: _____

Business Phone: _____ State Sales Tax License Number: _____

Property Owner's Name: _____

Property Owner's Date of Birth: _____ Property Owner's Social Security Number: _____

Property Owners Driver's License Number: _____

Property Owner's Home Address: _____

Property Owner's Home Phone: _____

Names and Addresses of all Officers and/or Managers and their dates of birth and home phone numbers (a waiver from the Public Safety Department for a criminal history check must be completed for each person listed below):

1. Name _____ Date of Birth: _____
Address _____ Home Phone: _____

2. Name _____ Date of Birth: _____
Address _____ Home Phone: _____

3. Name _____ Date of Birth: _____
Address _____ Home Phone: _____

Location of Business: _____

Length of time business will be operated: _____

Nature and quality of goods or service: _____

Manner of Operation _____

Established Location, foot, truck, etc.

Kind of Advertising: _____

Has applicant or persons named above ever been charged or convicted of any non-traffic misdemeanor or felony criminal offense? Yes _____ No _____

If yes, state particulars: _____

I hereby certify that the above answers are correct and true.

Applicant's Signature

Date

Subscribed and sworn to before me this _____ day of _____, _____

My Commission Expires _____
Notary Public, County of Macomb, Michigan

APPROVED BY:

DEPARTMENT	SIGNATURE	DATE
Police Dept. Files		
Fire Department		
City Treasurer		
Building Dept.		
City Manager/Clerk		

License #: _____Date Issued: _____

Fee Paid: \$ _____Issued by: _____